



1998

Renter Assistance Claim Booklet

Members of the Franchise Tax Board

Kathleen Connell, Chair

Dean Andal, Member

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Senior Citizens, Blind and Disabled

Use the form and instructions in this booklet to claim California's Renter Assistance.

This booklet contains:

Form FTB 9000R, Renter Assistance Claim, Page 13

Schedule 9110, Rental Income, Page 17

File Form 9000R if:

- You paid \$50 or more rent per month in 1997;
- You were 62 or older, blind or disabled on December 31, 1997;
- You had \$13,200 or less of total household income in 1997; and
- You are a United States citizen, designated alien or qualified alien when you file your claim.

Do You Need Help?

Most of your questions can be answered by reading the instructions in this booklet. But if you find that you need help, see the back cover of this booklet to find out how to contact the Franchise Tax Board. If you need in-person assistance, visit one of our district offices. Addresses are shown on page 2.

Renter Assistance

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Free Assistance

A statewide volunteer assistance program provides free assistance for completing your claim form. Call 1-800-852-5711, your local Senior Citizens Information and Referral Service or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you.

You may also receive assistance at any of the Franchise Tax Board District Offices listed below.

District Office	Address
Bakersfield	1800 30th Street
Burbank	333 N. Glenoaks Boulevard
Fresno	2550 Mariposa Street
Long Beach	4300 Long Beach Boulevard
Los Angeles	300 South Spring Street
Oakland	1970 Broadway
Sacramento	8745 Folsom Boulevard
San Bernardino	464 West 4th Street
San Diego	5353 Mission Center Road
San Francisco	50 Fremont Street
San Jose	96 North Third Street
Santa Ana	600 West Santa Ana Boulevard
Santa Rosa	50 D Street
Stockton	31 East Channel Street
Ventura	4820 McGrath Street
West Covina	100 North Barranca Street

Letters

If you need information to complete your claim form or to find out about your refund, call us using one of the telephone numbers on the back cover or visit a district office.

If you need to write to us, send your letter (but not your claim form) to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will acknowledge receipt of your letter within eight to ten weeks. In some cases, we may need to call you for additional information.

Forms

If you have Internet access, you may download, view and print California income tax forms and publications. Our Internet address is: <http://www.ftb.ca.gov>

What's New for 1998

Label Holder on Booklet Cover

To protect your personal information, the peel-off label pre-printed with your name, address and social security number is concealed in the label holder attached to the cover of this booklet. When you are ready to use the label, follow the instructions on the label holder for revealing the label.

The Personal Responsibility and Work Opportunity Reconciliation Act

A new federal law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act), requires that payments for Homeowner and Renter Assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. In order to apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing Form FTB 9000R, line 5 and line 6 and signing the form when you get to Step H provide the required declaration of your claimed citizenship or alien status.

Note: The Franchise Tax Board may request additional documentation or evidence in the future to substantiate your claimed status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you claim. The Act also provides that the names of aliens who cannot prove their claimed alien status, after being provided an opportunity to do so, shall be reported to the INS.

Commonly Asked Questions



Whom do I call for help? 1-800-338-0505

Our F.A.S.T. (Fast Answers about State Taxes) toll-free phone service is available to answer your questions about the Renter Assistance Program. See the back cover for a list of codes for commonly asked questions. Call 1-800-338-0505, select general tax information, follow the recorded instructions and enter the code that relates to your question.

In addition, you will see a phone symbol in the margin next to some paragraphs in this instruction booklet. The number below the phone symbol is the code to enter if you need more information on that topic. See the back cover for more information.



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What is Renter Assistance?

Renter assistance is a once-a-year payment from the State of California based on a portion of the property taxes that you pay indirectly when you pay your rent.

Note: Renter Assistance is different from renter's credit.



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Who May File a Renter Assistance Claim Form?

You may file a Renter Assistance Claim form for 1998 if you:

- Lived in a qualified rented residence in California and paid \$50 or more per month for rent during 1997;
- Were 62 years of age or older, blind or disabled on December 31, 1997;
- Had total household income of \$13,200 or less in 1997;
- Had gross household income of \$24,000 or less in 1997. Gross household income is total household income (form FTB 9000R, Renter Assistance Claim, line 21) plus all non-cash business expenses such as depreciation, amortization and depletion; and
- Are a United States citizen or a designated alien (see page 23) including a qualified alien when you file your claim.



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Note: A married couple is considered one renter and may file only one claim form. If you live in a rented residence with other qualified renters, each renter may file a claim.

When Should You File Your 1998 Claim?

You may file your claim after May 15, 1998, and on or before August 31, 1998.

When Will Renter Assistance Checks be Mailed?

Renter assistance checks will be mailed after June 30, 1998. It takes up to 15 weeks to process your claim. Please wait 12 to 15 weeks from the date you filed your claim before you call us about your assistance check. If you call before we have processed your claim, we will not have information about your check.

What is a Qualified Rented Residence?

You or your landlord must pay general property tax or amounts in lieu of property tax for a property to be considered a qualified rented residence.

Note: If property taxes or amounts in lieu of property taxes are not paid for your rented residence, you may not file for renter assistance. If there are any questions regarding the tax-exempt status of your property, ask your landlord.

A qualified rented residence also must be:

- Your principal place of residence; and
- Located in California.

Various types of rented residences may qualify for renter assistance. Some of the most common types of residences are:

- Single family dwellings;
- Apartments;
- Hotel rooms;
- Mobile homes;
- Boarding houses;
- Convalescent homes;
- Duplexes; and
- Flats.

If you paid a vehicle-type tax on your mobile home to the Department of Housing and Community Development, you may file either as a homeowner or as a renter, but not both.

Death of Claimant

A claim may not be filed in the name of someone who died on or before January 1, 1998.

If your spouse died after January 1, 1998, and did not file a claim, only you, as the surviving spouse, may file a claim on behalf of your deceased spouse.

If you are a surviving spouse, and meet the filing requirements you may file your own claim instead of filing on behalf of your deceased spouse.

Assistance attributable to a deceased claimant may not be paid to a person who is not a United States citizen or who is not described in the Eligibility Code Chart for Noncitizens on page 23.

Before You Begin

Make sure you have form FTB 9000R, 1998 Renter Assistance Claim.

Gather **all** of your 1997 income records.

Step-by-Step Instructions

We provide step-by-step instructions to help you complete your form FTB 9000R.

Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

Step-by-Step Instructions for Completing the Claim Form

Form 9000R, 1998 Renter Assistance Claim is on page 13 of this booklet.

STEP A

Name, Address
and Social Security
Number

If there is no label holder on the front of this booklet, print in ink or type your full name (if married, spouse's name), address and social security number (if married, spouse's social security number) in the spaces provided at the top of form FTB 9000R.

If there is a label holder on the front of this booklet, open it to reveal the peel-off label showing your name, address and social security number:

1. Complete your FTB 9000R **before** you remove the label from the front of your booklet.
 2. Check to make sure that all entries on your form FTB 9000R are correct.
 3. Remove your label from the holder and place it on the front of form FTB 9000R in the space provided at the top.
 4. Make sure the information on the label is correct. If you need to make any changes, draw a line in ink through the incorrect information and clearly print the new information on the label.
-

STEP B

Filing Status

Line 1 – Date of Birth

Enter the month, day and year of your birth on line 1.

Example: If you were born on May 21, 1922, you would enter 5/21/22 on line 1.

Line 2 – 62 or Older

If you were 62 or older on December 31, 1997, regardless of blindness or disability, check the box on line 2. If you filed a claim form last year as blind or disabled and turned 62 during 1997, you must file as 62 or older by checking the box on line 2. If you check the box on line 2, do not check the box on line 3 or line 4.



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Proof of Age

If you are at least 62 years old and receive Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form. Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.

Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.

If you do not have any of the above documents, you should send a **copy** of any document that proves that you were 62 or older on December 31, 1997. Explain the document and how it proves your age.

Do not send your original Medi-Cal Benefits Identification Card as proof of age.

Documents not accepted as proof of age are:

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

Line 3 – Under 62 and Blind

If you were blind but less than 62 years old on December 31, 1997, check the box on line 3. Skip line 4 and go to line 5.

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of not more than 20 degrees.

Line 4 – Under 62 and Disabled

If you were disabled but less than 62 years old on December 31, 1997, check the box on line 4. If you are blind, check only the box on line 3.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education and work experience.



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Proof of Blindness or Disability

- Proof of blindness is required only the first year you file a Renter Assistance Claim. You will not need to send proof again as long as your condition remains the same.
- Proof of disability is required each year that you file a Renter Assistance Claim.

If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

Exception: If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead.

You must submit the original statement (not a copy). The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 1997. If you do not have a Medicare card you may send a copy of your social security award letter.

Do not send your original Medi-Cal Benefits Identification Card as proof of blindness or disability.

Line 5 – Citizenship

Are you a United States citizen?

Yes. Check "Yes" on line 5 and skip to line 7.

No. Check "No" on line 5 and go to line 6.



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Line 6 – Benefit Eligibility for Noncitizens

Use the chart on page 23 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 6a, alien registration number on line 6b and date of entry to the United States on line 6c.

Aliens not included in the Eligibility Code Chart for Noncitizens on page 23 cannot receive Homeowner and Renter Assistance benefits.

STEP C

Rental Information

Line 7 – Enter the number of months during 1997 that you lived in a qualified rented residence in California and paid \$50 or more per month for rent.

Line 8 – Rented Residence Address

Enter the address(es) of the rented residence(s) you lived in during 1997 if different from your present home address in Step A, or if the address in Step A is a post office box.

Line 9 – Landlord Information

Enter the name, address and telephone number of your landlord or the person to whom you paid your rent during 1997. If you had more than one landlord, enter the name, address and telephone number of your last landlord and attach a list of your other landlords.

STEP D

Yearly Income of You and Your Spouse

You must show your household income for the entire 1997 calendar year. **If you are married, also include the income your spouse received.**



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Line 10 – Social Security/Railroad Retirement

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement you and your spouse received.

Line 11 – Interest/Dividends

Enter the total **yearly** amount of interest and dividends you and your spouse received. Include all interest regardless of its source or taxability.

Line 12 – Pensions/Annuities

Enter the total **yearly** amount of pensions and annuities you and your spouse received. Include your disability retirement payments and IRA distributions.

Line 13 – SSI/SSP, AB and ATD

Enter the total **yearly** amount of:

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

Note: These payments are often called “Gold Checks.”

Do not include Aid to Families with Dependent Children (AFDC).

Renter assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, AFDC, SSI/SSP, or payment for homemaker/chore services, will not be reduced as a result of filing this claim.

Line 14 – Rental Income (or Loss)

Enter the amount of net rental income (or loss). You must attach a schedule showing the computation of rental income (or loss). You may use federal Schedule E or California Schedule 9110, Rental Income on page 17. Do not enter your rent payments.

Line 15 – Business Income (or Loss)

Enter the amount of net income (or loss) from your business. You must attach a schedule showing the computation of business income (or loss). You may use federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

Line 16 – Gain (or Loss) From the Sale of Assets

Enter the amount of income (or loss) from the sale of assets. You must attach a schedule showing the computation of income (or loss). You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks, bonds and rental real estate.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss.



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Line 17 – Other Income (Including Wages)

Enter the total **yearly** amount of other income you and your spouse received during 1997. Some of the types of income that you must include on line 17 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veterans' benefits;
- Unemployment insurance benefits;
- Worker's compensation for temporary disability (amounts for permanent disability must be entered on line 13);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except between members of the household;
- Amounts received from an estate or trust;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan; and
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 1997 California income tax return.

Types of income that you must **not** include on line 17 are:

- Aid to Families with Dependent Children (AFDC);
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

STEP E

Income of Other
Household
Members

Line 18 – Income of Other Household Members

Enter the total amount of income received by all household members, other than your spouse, while they lived in your home during 1997.

A **household member** is any person who lived with you in your home and who is not your spouse, a minor, a student, a renter or the owner of the rented residence.

STEP F

Total Household
Income

Line 19 – Subtotal

Add line 10 through line 18.

Line 20 – Adjustments to Income

You may deduct the following from your income.

- **Individual Retirement Arrangement Deduction** – Deduct the amount you contributed to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP), or Savings Incentive Match Plans for Employees (SIMPLE).
- **Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct alimony payments made to an ex-spouse as directed by a court.

Attach the appropriate form or a schedule explaining each adjustment to income.

You may **not** subtract these items from your household income:

- | | |
|---|---------------------------|
| • Rent paid; | • Fees; |
| • Utilities; | • Medical bills; and |
| • Repairs; | • Interest paid on loans. |
| • Taxes (other than self-employment tax); | |

Line 21 – Total Household Income

Subtract line 20 from line 19. Enter the result on line 21.

Note: If the amount on line 21 is **more** than \$13,200, stop. You do **not** qualify for renter assistance.

STEP G

Renter Assistance
Claimed

Line 22 – Renter Assistance Claimed

The amount of renter assistance you will receive will be figured for you. You do not have to complete this line. If you wish to figure the amount of assistance, see “Worksheet to Figure the Amount of Renter Assistance” on page 21. The law provides that no payment is allowed if the amount of allowable assistance is \$5 or less.

STEP H

Signature,
Date and
Telephone
Number

Pre-addressed Label

Check the peel-off label from inside the label holder on the front of this booklet to make sure the information is correct. If you need to make any changes, draw a line in ink through the incorrect information and clearly print the new information, then attach the label to your claim form.

Using your peel-off label helps us process your claim faster. If you are filing in your own name, do not use your spouse's label.

Authorization

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

Declaration

Your signature on form FTB 9000R, Step H is also your declaration of your claimed alien or citizenship status.

Sign and Date Your Claim Form

You must sign and date your claim form in the space provided. You may sign by making a mark in front of a witness. The word “witness” and the witness's signature **must** be entered after your mark. Your telephone number is optional. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing. Using the telephone also reduces government costs.

If you are filing on behalf of a deceased spouse, print “Surviving Spouse” after your signature. See instructions for Death of Claimant on page 4.

Review and Mail Your Claim Form

Review Your Claim Form

Review your claim form to make sure it is complete and correct. Be sure to attach any copies of documents that were requested in the instructions (see list below). If the required documents are not attached to your claim form, your payment will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older);
- Proof of blindness (required for the first year you file as blind);
- Proof of disability (required each year you file as disabled);
- Additional schedules (required if you entered amounts on line 14, line 15 or line 16).

Mail Your Claim Form

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

Renter assistance checks will be mailed after June 30, 1998.

Privacy Act Notice

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CALIFORNIA 94240-1040

Telephone number:

- Within the United States 1-800-852-5711
- Outside the United States 1-916-845-6500

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals required to make claims or statements or provide other documents shall include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.

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Renter 1998 Assistance Claim

9000R

STEP A

**Name,
address and
social security
number**

Use the mailing label. Otherwise, please print or type.

Claimant's first name	Initial	Last name	Claimant's social security number
Spouse's first name	Initial	Last name	Spouse's social security number
Present home address — number and street including PO Box or rural route			Apt. no.
City, town or post office, state and ZIP code			

STEP B**Filing Status**

Complete line 1.
Check only one
box on line 2,
line 3 or line 4.

1. Enter your date of birth • 1. / /
Date of birth
2. If you were 62 or older on December 31, 1997, check this box. Skip line 3 and line 4 and go to line 5 2. ☐ 62 or older ☐
OR
3. If you were under 62 and blind on December 31, 1997, check this box only 3. ☐ Under 62 and blind ☐
OR
4. If you were under 62 and disabled (but not blind) on December 31, 1997, check this box only 4. ☐ Under 62 and disabled (not blind) ☐
See instructions on page 5 and page 6 to see if you must attach a proof document to your claim.
5. Are you a United States citizen? • 5. ☐ YES ☐ NO
If you checked "Yes," skip line 6 and go to line 7.
If you checked "No," go to line 6.
6. Benefit Eligibility for Noncitizens • 6a. Alien Status Code
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.
• 6b. Alien Registration Number
• 6c. / /
Date of Entry

STEP C**Rental Information**

Complete
line 7
through line 9.

7. Enter the number of months during 1997 that you lived in a qualified rented residence in California. See instructions. . . • 7. months
8. If the address where you lived during 1997 is different from your present home address in Step A, or if the address in Step A is a post office box, enter your 1997 residence address(es) below.

9. Enter the name, address and telephone number of your landlord or the person to whom you paid rent during 1997. If you had more than one landlord, enter the name, address and telephone number of your last landlord in 1997 and attach a list of your other landlords and the dates of rental.

Name _____
Address _____ Apt. or unit no. _____
City _____ State and ZIP code _____
Telephone () _____ Rented from / / to / /

STEP D Yearly income of you and your spouse	On line 10 through line 17, enter your total household income for the 1997 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.		(Dollars)	(Cents)			
	10. Social Security and/or Railroad Retirement • 10.						
	11. Interest and/or Dividends • 11.						
	12. Pensions and/or Annuities • 12.						
	13. SSI/SSP, AB and ATD (Gold Check). See page 7 . . • 13.						
	14. Rental Income (or Loss). Attach schedule. See page 7 . . . ○ • 14. Do not enter your monthly rent payments.						
	15. Business Income (or Loss). Attach schedule. See page 8 ○ • 15.						
	16. Gain (or Loss). Attach schedule. See page 8 ○ • 16.						
STEP E Income of other household members	17. Other Income (Including Wages). See page 8 • 17.						
	18. Income of Other Household Members. See page 9. Do not include your income or income of your spouse, minors, students, renters or the owner of the rented residence • 18.						
STEP F Total household income	19. SUBTOTAL. Add line 10 through line 18 19.						
	20. Adjustments to Income. See page 9. Attach documentation ○ • 20.						
	21. TOTAL HOUSEHOLD INCOME. Subtract line 20 from line 19 • 21. If line 21 is more than \$13,200, stop. You do not qualify.						
STEP G Renter assistance claimed	You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you. Assistance checks will be mailed after June 30, 1998.						
STEP H Signature, date and telephone number	22. Renter assistance claimed. See page 10. ■ 22.						
	Caution: To avoid delay of your refund, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.						
	<i>I authorize the Franchise Tax Board to match my name and the information provided herein against the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.</i>						
	<i>Under penalties of perjury, I declare that this claim and all statements regarding my citizenship or alien status, including accompanying schedules, are to the best of my knowledge true, correct and complete.</i>						
	Sign Here ➔ X _____ Date _____ Claimant's signature						
Paid Preparer's Use Only	Claimant's Daytime Telephone Number (optional) ()						
	Preparer's signature ➔	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number			
	Firm's name (or yours, if self employed) and address ➔			FEIN			
				Telephone ()			
Do not write in this space		Do not write in this space					
		L	D	I	A	R	RES

Renter 1998 Assistance Claim

9000R

STEP A

Name,
address and
social security
number

Use the mailing label. Otherwise, please print or type.

Claimant's first name	Initial	Last name	Claimant's social security number
Spouse's first name	Initial	Last name	Spouse's social security number
Present home address — number and street including PO Box or rural route			Apt. no.
City, town or post office, state and ZIP code			

STEP B

Filing Status

Complete line 1.
Check only one
box on line 2,
line 3 or line 4.

1. Enter your date of birth	1.	/ /
2. If you were 62 or older on December 31, 1997, check this box. Skip line 3 and line 4 and go to line 5	2.	<input type="checkbox"/> 62 or older <input type="radio"/>
3. If you were under 62 and blind on December 31, 1997, check this box only	3.	<input type="checkbox"/> Under 62 and blind <input type="radio"/>
4. If you were under 62 and disabled (but not blind) on December 31, 1997, check this box only	4.	<input type="checkbox"/> Under 62 and disabled (not blind) <input type="radio"/>
<i>See instructions on page 5 and page 6 to see if you must attach a proof document to your claim.</i>		
5. Are you a United States citizen?	5.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you checked "Yes," skip line 6 and go to line 7. If you checked "No," go to line 6.		
6. Benefit Eligibility for Noncitizens	6a.	Alien Status Code
If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 23 on line 6a. Enter your alien registration number from your entry documents on line 6b. Enter your date of entry into the United States on line 6c.	6b.	Alien Registration Number
	6c.	/ /
		Date of Entry

STEP C

Rental Information

Complete
line 7
through line 9.

7. Enter the number of months during 1997 that you lived in a qualified rented residence in California. See instructions. . .	7.	_____ months
8. If the address where you lived during 1997 is different from your present home address in Step A, or if the address in Step A is a post office box, enter your 1997 residence address(es) below.		
<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px;"></div>		
9. Enter the name, address and telephone number of your landlord or the person to whom you paid rent during 1997. If you had more than one landlord, enter the name, address and telephone number of your last landlord in 1997 and attach a list of your other landlords and the dates of rental.		
Name _____		
Address _____ Apt. or unit no. _____		
City _____ State and ZIP code _____		
Telephone () _____ Rented from ____/____/____ to ____/____/____		

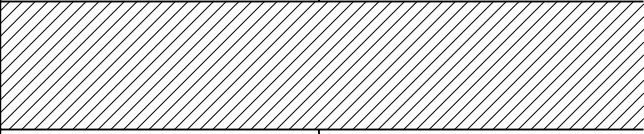
STEP D Yearly income of you and your spouse	On line 10 through line 17, enter your total household income for the 1997 calendar year. If you are married, include your spouse's income. On line 18, enter the total income of other household members.						(Dollars)	(Cents)
	10. Social Security and/or Railroad Retirement • 10.							
	11. Interest and/or Dividends • 11.							
	12. Pensions and/or Annuities • 12.							
	13. SSI/SSP, AB and ATD (Gold Check). See page 7 .. • 13.							
	14. Rental Income (or Loss). Attach schedule. See page 7... ○ • 14. Do not enter your monthly rent payments.							
	15. Business Income (or Loss). Attach schedule. See page 8 ○ • 15.							
	16. Gain (or Loss). Attach schedule. See page 8. ○ • 16.							
17. Other Income (Including Wages). See page 8 • 17.								
STEP E Income of other household members	18. Income of Other Household Members. See page 9. Do not include your income or income of your spouse, minors, students, renters or the owner of the rented residence..... • 18.							
STEP F Total household income	19. SUBTOTAL. Add line 10 through line 18 19.							
	20. Adjustments to Income. See page 9. Attach documentation ○ • 20.							
	21. TOTAL HOUSEHOLD INCOME. Subtract line 20 from line 19 • 21. If line 21 is more than \$13,200, stop. You do not qualify.							
STEP G Renter assistance claimed	You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you. Assistance checks will be mailed after June 30, 1998.							
STEP H Signature, date and telephone number	22. Renter assistance claimed. See page 10. ■ 22.							
	Caution: To avoid delay of your refund, be sure to provide all requested information, sign below and mail to: FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.							
	<i>I authorize the Franchise Tax Board to match my name and the information provided herein against the files of the Department of Health Services and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.</i>							
	<i>Under penalties of perjury, I declare that this claim and all statements regarding my citizenship or alien status, including accompanying schedules, are to the best of my knowledge true, correct and complete.</i>							
Sign Here ➔	X _____ Date _____ Claimant's signature							
Paid Preparer's Use Only	Claimant's Daytime Telephone Number (optional) ()							
	Preparer's signature ➔			Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number		
	Firm's name (or yours, if self employed) and address ➔					FEIN		
						Telephone ()		
<i>Do not write in this space</i>			<i>Do not write in this space</i>					
			L	D	I	A	R	RES

1998 Rental Income

9110

First name	Initial	Last name	Your social security number
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SEE INSTRUCTIONS ON BACK FOR COMPLETING THIS SCHEDULE

	Use Column A only if your rental property is connected to or located on the same property as your residence.	Use Column B and Column C if your rental property is not located on the same property as your residence.	
	Column A	Column B	Column C
1 Address or property identification			
2 Gross receipts from rents			
3 Expenses for:			
Property taxes			
Insurance			
Interest			
Telephone			
Light, heat, water, power			
Garbage			
Repairs, maintenance			
Other expenses (list, but do not include depreciation)			
4 Total expenses (before depreciation). Add all the amounts shown in each column for line 3.			
5 Total Depreciation from depreciation schedule below, column (7)			
6 Total expenses Add line 4 and line 5			
7 Expenses applied to portion occupied by you. See instructions			
8 Rental expenses Subtract line 7 from line 6			
9 Net rental income (or loss). Subtract line 8, Column A, and/or line 6, Columns B and C, from line 2. . . .			

10 Total. Add line 9, Columns A, B and C. Enter the amount here and on form FTB 9000 or form FTB 9000R, line 14. . . **10** _____
Depreciation Schedule. See instructions.

(1) Description	(2) Date of purchase	(3) Cost or other basis	(4) Allowed or allowable in prior years	(5) Method of computing	(6) Rate or life	(7) Depreciation this year
A						
B						
C						

Total Depreciation. Add the amounts in column (7). Enter in the appropriate column of line 5 above

Instructions for Completing Schedule 9110

Rental Income

Specific Line Instructions

Column A

Use this column only if your rental property is connected to or located on the same property as your residence. Examples of this type of property are an apartment situated on your residential lot, or a duplex, one-half of which is used as your personal residence, or rooms rented in your residence.

- Line 1 Enter the address of the property.
- Line 2 Enter the gross receipts received from rents during 1997.
- Line 3 List in detail all expenses of the rental property connected with your personal residence. Examples of these expenses are: property taxes, insurance and interest that are partly rental expenses and partly expenses you pay for your residence.
- Line 4 Add all expenses listed under line 3.
- Line 5 Complete the depreciation schedule for this rental property and enter the amount of depreciation allowed or allowable. See the depreciation schedule information below.
- Note:** Depreciation is not allowed on the portion of the property that you use as your personal residence.
- Line 6 Add line 4 and line 5.
- Line 7 Enter the portion of expenses included on line 4 that applies to your personal residence. To determine this amount, multiply the percentage of the property you occupy as your home by the amount on line 4. Figure the percentage that you occupy by using the number of rooms, square footage or any similar measure. For example, if you have five rooms in your home and use three for your personal use and rent

two, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

- Line 8 Subtract line 7 from line 6. This is the part of the rental expenses that applies only to your rental property.
- Line 9 Subtract line 8 from line 2. This is your net rental income or loss.
- Line 10 If you have no other rental property, enter the amount from line 9, Column A on line 10 and on form FTB 9000 or FTB 9000R, line 14. If you have other rental properties, continue reading the instructions.

Column B and Column C

Use these columns if your rental property is **not** located on the same property as your residence.

- Line 1 Enter the address of each property.
- Line 2 Enter the gross receipts received from rents for each property during 1997.
- Line 3 List in detail all expenses connected with each rental.
- Line 4 Add all expenses listed under line 3 for each column.
- Line 5 Complete the depreciation schedule for the rental properties shown in Column B and Column C. Enter the amount of depreciation allowed or allowable for each rental property. See the depreciation schedule example below.
- Line 6 Add line 4 and line 5 for each column.
- Line 9 Subtract line 6 from line 2. This is your net rental income or loss for each property.
- Line 10 Add line 9, Columns A, B and C. Enter this amount here and on form FTB 9000 or FTB 9000R, line 14.

Depreciation Schedule

California did not allow depreciation under the federal accelerated cost recovery system (ACRS) for years prior to 1987 (see the note below for exception).

You must continue calculating your California depreciation deduction for assets placed in service before January 1, 1987, in the same manner as in prior years. See your rental income schedules for 1986 and earlier to determine how you must continue depreciating these assets. For property placed in service after December 31, 1986, you must use the federal modified accelerated cost recovery system. See federal Form 4562, Depreciation and Amortization, for more information.

Note: California allows residential rental property for which construction began on or after July 1, 1985, but before

July 1, 1988, to be treated as 18-year recovery property under the federal ACRS. If you began to depreciate this type of property under the federal ACRS for 1985 and 1986, you must continue using this method on your rental income schedule.

Example of straight-line method of computing depreciation

The "straight-line" method of computing depreciation is the simplest and most commonly used. The depreciation for each year is determined by dividing the adjusted basis (cost) of the property by the useful life of the property. The basis should not include the cost attributable to the land on which the residential dwelling is located. As an example, if the cost of the home is \$20,000, the depreciation allowable is computed as follows:

$$\frac{\$20,000 \text{ (Cost of home less the cost attributable to the land)}}{20 \text{ Years of useful life}} = \$1,000 \text{ Total yearly depreciation}$$

1998 Rental Income

9110

First name	Initial	Last name	Your social security number
------------	---------	-----------	-----------------------------

SEE INSTRUCTIONS ON BACK FOR COMPLETING THIS SCHEDULE

	Use Column A only if your rental property is connected to or located on the same property as your residence.	Use Column B and Column C if your rental property is not located on the same property as your residence.	
	Column A	Column B	Column C
1 Address or property identification			
2 Gross receipts from rents			
3 Expenses for:			
Property taxes			
Insurance			
Interest			
Telephone			
Light, heat, water, power			
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Other expenses (list, but do not include depreciation)			
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(1) Description	(2) Date of purchase	(3) Cost or other basis	(4) Allowed or allowable in prior years	(5) Method of computing	(6) Rate or life	(7) Depreciation this year
A						
B						
C						

Total Depreciation. Add the amounts in column (7). Enter in the appropriate column of line 5 above

Instructions for Completing Schedule 9110

Rental Income

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Column A

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$$\frac{\$20,000 \text{ (Cost of home less the cost attributable to the land)}}{20 \text{ Years of useful life}} = \$1,000 \text{ Total yearly depreciation}$$

Worksheet to Figure the Amount of Renter Assistance

The amount of renter assistance you receive will be figured for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 1997**, your allowable assistance will be based on the total household income (Form 9000R, line 21) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 1997, complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 21 1. \$ _____
2. Enter the number of months during 1997 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 7. 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 22 4. \$ _____

Example: Total household income is \$9,300 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 40.00
2. Number of months shown on form FTB 9000R, line 7 2. x 9
3. Multiply line 1 by line 2 3. \$ 360.00
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 30.00

Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$ 0	\$3,300	\$240.00	\$ 7,261	\$ 7,480	\$102.50
3,301	3,520	235.00	7,481	7,700	92.50
3,521	3,740	230.00	7,701	7,920	85.00
3,741	3,960	225.00	7,921	8,140	77.50
3,961	4,180	220.00	8,141	8,360	70.00
4,181	4,400	215.00	8,361	8,580	62.50
4,401	4,620	210.00	8,581	8,800	55.00
4,621	4,840	205.00	8,801	9,020	50.00
4,841	5,060	200.00	9,021	9,240	45.00
5,061	5,280	195.00	9,241	9,460	40.00
5,281	5,500	190.00	9,461	9,680	35.00
5,501	5,720	182.50	9,681	9,900	30.00
5,721	5,940	172.50	9,901	10,450	25.00
5,941	6,160	162.50	10,451	11,000	20.00
6,161	6,380	152.50	11,001	11,550	17.50
6,381	6,600	142.50	11,551	12,100	15.00
6,601	6,820	132.50	12,101	12,650	12.50
6,821	7,040	122.50	12,651	13,200	10.00
7,041	7,260	112.50	13,201	Over	0.00

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Chart for Finding The Benefit Eligibility Code for Noncitizens

Are you a United States citizen?

Yes Stop. You do not need to read this page.

No Follow the instructions below for determining your eligibility code.

General Information

If you are not a United States citizen, you may file a claim for Homeowner or Renter Assistance only if you meet the income, age, and blindness or disability requirements for assistance **and**, when you file your claim, you are one of the following:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below. Undocumented aliens and aliens not described below are **not** eligible to receive Homeowner or Renter Assistance and should **not** complete a claim form.

Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to Form 9000R, line 6a.

Note: If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

Eligibility Code Chart for Noncitizens

If you are:	Use Alien Status Code:
<ul style="list-style-type: none">• An alien lawfully admitted for permanent residence under the INA;• An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house; OR• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse or parent's family member living in the same house.	B
An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.	C
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of division C of Public Law 104-208).	D
An alien who is granted asylum under Section 208 of the INA.	E
A refugee admitted to the United States under Section 207 of the INA.	F
An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA.	G
An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).	H
An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.	I
A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...)	J

You do not qualify for Homeowner or Renter Assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including Homeowner and Renter Assistance.



Assistance

(Keep This Page For Future Use)

F.A.S.T. Service

Fast Answers about State Taxes is the F.A.S.T. toll-free phone service you can use to get recorded answers to many of your questions about homeowner and renter assistance.

F.A.S.T. is available in English and Spanish to callers with touch-tone telephones.

When Is F.A.S.T. Available?

To answer your questions, F.A.S.T. is available 24 hours a day, seven days a week.

How To Use F.A.S.T.

Have paper and pencil ready to take notes.

Call the F.A.S.T. toll-free number:

From within the United States. 1-800-338-0505

From outside the United States (not toll-free). 1-916-845-6600

Follow the recorded instructions, select general tax information and enter the three-digit code when you are instructed to do so.

CODE	GENERAL INFORMATION	CODE	GENERAL INFORMATION
800	What is homeowner assistance?	811	How can I prove my disability?
801	What is renter assistance?	812	What income do I report on my assistance claim form?
802	What is renter's credit?	813	I have moved since I filed my claim form. How do I change my address?
803	Who is eligible for homeowner assistance?	814	How do I correct my claim form?
804	Who is eligible for renter assistance?	815	Whom do I contact for my energy rebate?
805	When do I file for homeowner or renter assistance?	816	I have a question about my property tax bill. Whom do I call?
806	Will the homeowner assistance create a lien on my home?	817	I cannot pay my property tax bill. What do I do?
807	When will I get my assistance check?	818	I have a rental complaint. Whom do I call?
808	Can I file for past years?	819	Whom do I contact about low-income housing?
809	Can my spouse and I each file a claim?	820	Do I need to use the Eligibility Code Chart?
810	How can I prove my age?		

Where to Get Income Tax Forms

By Internet – If you have Internet access, you may download, view and print California tax forms and publications. Our Internet address is: <http://www.ftb.ca.gov>

By Phone – Use F.A.S.T. to order 1995, 1996, 1997 and 1998 California tax forms.

- Call 1-800-338-0505.
- Select personal income tax form requests.

By mail – Write to: TAX FORMS REQUEST UNIT, FRANCHISE TAX BOARD, PO BOX 307, RANCHO CORDOVA CA 95741-0307.

We will send you two copies of each tax form and one copy of each set of instructions. Please allow 14 days to receive your order.

Where to Mail Your Claim Form

FRANCHISE TAX BOARD
PO BOX 942886
SACRAMENTO CA 94286-0904

General Toll- Free Phone Service

Service is available Monday through Friday between 8 a.m. and 5 p.m.

From within the United States. 1-800-852-5711

From outside the United States (not toll-free). 1-916-845-6500

Hearing Impaired

Toll-free phone service is provided for the hearing impaired with a Telecommunications Device (TDD). Call 1-800-822-6268. Franchise Tax Board will also accept calls for, and relay messages to, any California state agency.

Asistencia Bilingüe en Español

Para obtener servicios en Español y asistencia para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para un reembolso de una parte de los impuestos sobre propiedad que usted paga indirectamente cuando renta si en diciembre 31 de 1997, usted tenía 62 años (o más) o estaba ciego o incapacitado, y su renta fue \$50 (o más) por mes, y su ingreso por año no fue mas de \$13,200 y usted es ya sea ciudadano de los estados unidos o un extranjero designado (incluyendo a extranjeros calificados) como se describe en la pagina 23 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados despues el 15 de mayo y antes o en el 31 de agosto.

Ciertas bibliotecas tienen folletos de reclamo gratis. Si usted necesita formularios adicionales, escriba a TAX FORMS REQUEST UNIT, FRANCHISE TAX BOARD, PO BOX 307, RANCHO CORDOVA CA 95741-0307. Por favor, espere 14 días para recibir nuestra respuesta.